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ABSTRACT

This paper describes a treatment approach which uses hypnotherapy techniques in combination with assertive training and behavioral rehearsal. It discusses the use of this treatment with a client who exhibited psychogenic symptoms due to personal anxiety. At the beginning of the treatment the client was shy, non-assertive and extremely self-critical. After six months of therapy using the combined techniques, he was more confident and freer from anxiety. The paper outlines the steps used in the therapeutic process, and concludes that hypnotherapy can be an effective mode of intervention, especially in combination with assertive training techniques. (Author/BP)

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Use of Hypnotherapy for Assertive Training and Behavioral Rehearsal: An Active Mode of Therapy

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Hypnotherapy has often been identified as a process requiring passivity and submission to the hypnotist on the part of the client. In fact, even the most frequently used research instrument, the Stanford Hypnotic Susceptibility Scale, is worded in such a manner as to perpetuate this idea. In the opposite direction, clinicians such as Milton Erickson (1976) speak of "active unconscious learning" and describe the hypnosis process as one of active control on the part of the client. Most frequently today hypnosis is being seen as an action-oriented mode of therapeutic intervention (DeVoge, 1977; Gardner, 1976). As such hypnotherapy is becoming a powerful tool in combination with other forms of therapy.

This paper presents a description of a treatment approach which utilizes hypnotherapy techniques in combination with assertive training and behavioral rehearsal. The question should be raised about the rationale or value of combining these approaches. Using hypnotherapy for assertive training and behavioral rehearsal provides the advantage of allowing the client to break traditional patterns and habitual expectations of themselves more readily. It allows learning "unencumbered by conscious expectations" to quote Erickson (1976). Many more options are possible in imagery than in ordinary day to day experience. In addition, hypnotherapy provides access to a different mode of problem solving. Hypnosis with its use of imagery involves many right brain functions. Ornstein (1972), Sperry (1975), and others involved in research on brain functions support the fact that different kinds of learning are performed by the two parts of the brain--the left hemisphere being analytical and rational, the right

being basically visual and spacial. Since most of us are trained to operate most frequently in the rational-analytical framework, hypnotherapy has the advantage of providing a way of breaking through traditional learning and expectational sets about the self. It can provide a shift in the style of information processing.

Having discussed the conceptual rationale, the techniques are best explained and illustrated through the presentation of case study.

Description of the Client

The client was a very talented male undergraduate music major who entered therapy because of a hand tremor which appeared under the stress of vocal performances. After neurological assessment, the tremor was found to be psychogenic in origin. The client reported other indications of intense anxiety around his performances. In assessing his personality, he seemed to be a somewhat passive, self-conscious, socially awkward person who was extremely self-critical. In his social relationships, he reported being shy and non-assertive.

Treatment Process

The treatment consisted of weekly sessions of one hour for six months. The therapy began as traditional interpersonal therapy. Hypnosis was introduced as an additional helpful tool in the treatment and was used intermittently throughout the therapy. The client was given the suggestion that he would be able to talk and to interact with the therapist while in a state of hypnosis. Hypnoses was explained as an active state of concentration induced and controlled by the client himself. The therapist's role was explained as that of a facilitator only.

Hypnotherapy Techniques

Mastery-Oriented Induction Techniques:

The first major use of hypnosis was for relaxation. As Gardner (1976) and DeVoge (1977) have noted, clients who experience a lack of assertiveness and feelings of powerlessness are often threatened by traditional relaxation methods since they imply passivity and a lack of control. This client was not able to relax with traditional methods and so an active "mastery-oriented induction technique" was used. In addition, because of the history of passivity in the client's relationships, an active role for him in therapy was essential to provide new learning and to avoid reinforcing his previous pattern.

This client did appear to have confidence in his vocal ability and talent per se, but became anxious when performing for others. As a result, the induction involved requesting him to visualize himself singing while alone and to appreciate his own vocal technique. He was able to do this quite readily and this image was very helpful in creating a feeling of relaxation and confidence for him. It served to reduce the focus of his attention to a few inner realities. Initially this was the client's only self-confident image. Later throughout the therapy other images of mastery were added in the process of assertive training.

Guided Fantasy for Problem Analysis:

First, guided fantasy was used as a projective technique to assess the area of the problem. The client was asked to "have a dream" about himself performing or auditioning for a performance. While involved in the dream, he described a scene where he was on stage

auditioning for a performance. He described himself feeling too tall, looking awkward. The audience was criticizing his appearance and his voice in a hostile manner. He began to see specific people in the audience who he felt were critical of him and at that point his hand tremor emerged. He then, in the dream, began to lose voice control and considered leaving the stage.

From this fantasy, it appeared that although he was confident of his voice, he became obsessed with critical evaluation by others while performing. This seemed to initiate his hand tremor which caused him to feel more self-conscious. He was extremely vulnerable to being criticized by others and he had a strong need for structure in order to control that fear.

Choice of Visual Cue to Symbolize Mastery:

The client was asked to repeat his induction process and to imagine himself singing alone and feeling competent and in control of himself. He was asked to choose one single image which symbolized that entire experience of mastery for him. The visual symbol he imagined was that of a river flowing which symbolized for him feeling calm and unchanged by outside forces.

Visual Rehearsals of Assertive Behavior:

The client was asked to recreate the scene typical of the major problem, i.e., one in which he is performing. As the problem attitudes and behaviors arose, contrary positive images and actions were suggested by the therapist for the client to experiment with. Visual rehearsal has been used in hypnosis to practice a newly developing behavior (DeVoge, 1977; Sanders, 1976). The client was asked to

"rehearse" his performance several times. He was first asked to create the scene vividly, including the threatening people and the backstage chaos. He was then instructed to imagine himself breathing deeply and visualizing his own chosen symbol of confidence--the river--for several minutes. He was asked to imagine himself going on stage feeling calm and experiencing his height as imposing, not awkward, as a commanding presence. It was suggested that the faces in the audience were blurring visually so that no one face was distinguishable. One of the major purposes of this was to turn his focus of evaluation inward where it was more positive. He was asked to imagine himself beginning to sing, caring about no evaluation but his own, and to practice the different selections he had chosen, focusing on difficult sections and completing each musical number. He was able to do this quite vividly and he became more confident and less focused on the judgment of others with each rehearsal. At the beginning of each sequence, he was asked to begin to add more assertive ways of handling each performance as they occurred to him. In this manner, he began to create his own more assertive techniques and to build a repertoire of them.

Cognitive Shift to Reduce Anxiety:

One of the client's main concerns in performing was that his hand tremor would emerge. He was instructed each time he felt aware of his hand moving to focus on the tone of his voice and to anticipate upcoming difficult notes or sections of the music. This focusing of his attention to the detailed aspects of the music served to distract him from the intruding critical verbal analysis of the people he

imagined and it also restricted his own self-critical verbal analysis. The involvement in the music is a right brain function primarily which served to eliminate the analytic analysis by providing a cognitive shift to a competing response. As a result of this cognitive shift, his hand tremor would disappear mainly by shifting his information processing.

Training in Self-Hypnosis:

The client was trained in self-hypnotic techniques so that he was able to behaviorally rehearse each of his performances. He was able to eliminate his fears by creating different assertive responses to them. He utilized also the visual symbol of mastery and confidence he had selected to create a calm state for himself before each threatening situation which arose.

Conclusion

With the use of hypnotherapy in combination with behavioral rehearsal and assertive training techniques, the client was able to feel more confident and in control while he was performing. This experience generalized to other areas of his life as well as he began applying the techniques in interpersonal situations. After six months, his performance anxiety was eliminated.

It appears that hypnotherapy in combination with assertive training techniques can be a powerful therapeutic tool in that the mind can be freed from restrictive ways of viewing the self and from ordinary limiting expectations. This case also illustrates how hypnotherapy can be an active-oriented model of intervention.

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